健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPE) in Japanese or English.

氏名
Name: _____, _____ □男 Male □女 Female 生年月日 Date of Birth: _____
Family name, First name Middle name

1．身体検査
Physical Examination

(1) 身　長 Height _____cm 体　重 Weight _____ kg

(2) 血　圧 Blood pressure _____mm/Hg～_____mm/Hg 血液型 Blood Type

A B O	RH	+
		−

脈拍 Pulse □整 Regular □不整 Irregular

(3) 視　力
Eyesight: (R) (L) (R) (L)
裸眼 Without glasses 矯正 With glasses or contact lenses
色覚異常の有無 Color blindness □正常 Normal □異常 Impaired

(4) 聴　力 Hearing: □正常 Normal □低下 Impaired
言　語 Speech: □正常 Normal □異常 Impaired

2．申請者の胸部について，聴診とＸ線検査の結果を記入してください。Ｘ線検査の日付も記入すること（６ヶ月以上前の検査は無効。）
Please describe the results of physical and X-ray examinations of the applicant's chest X-rays (X-rays taken more than six months prior to the certification are NOT valid).

肺 Lungs: □正常 Normal □異常 Impaired
← Date _____
Film No. _____
Describe the condition of applicant's lungs.

心臓 Cardiomegaly: □正常 Normal □異常 Impaired
↓
異常がある場合
心電図 Electrocardiograph :□正常 Normal □異常 Impaired

3．現在治療中の病気 Disease currently being treated □Yes (Disease _____) □No

4．既往症
Past history : Please indicate with ＋ or − and fill in the date of recovery
(If the applicant has not contracted any of the disease, please chech “None”.)（いずれも該当しない場合は、なしにチェックすること。）

Tuberculosis.....□(. .) Malaria.....□(. .) Other communicable disease.....□(. .)
Epilepsy.....□(. .) Kidney disease.....□(. .) Heart disease.....□(. .)
Diabetes.....□(. .) Drug allergy.....□(. .) Psychosis.....□(. .)
Functional disorder in extremities.....□(. .)

None.....□

5．検　査 Laboratory tests
検　尿 Urinalysis: glucose ( ), protein ( ), occult blood ( )

赤沈 ESR: _____mm/Hr, WBC count:_____/cmm 貧血 anemia □
Hemoglobin:_____gm/dl, GPT: _____

6．診断医の印象を述べて下さい。（問題がない場合も、その旨ご記入ください。）
Please give your impression of the applicant’s health. (If you do not have a particular opinion, please write as such.)

7．志願者の既往歴，診察・検査の結果から判断して，現在の健康の状況は充分に留学に耐えうるものと思われますか？
In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?

Yes □　　No □

日付 Date: _____　　署名 Signature: _____

医　師　氏　名
Physician's Name in Print：_____

検査施設名
Office/Institution:
所在地
Address: _____